



Department of Motor Vehicles  
Tax Services  
P.O. Box 27422  
Richmond, Virginia 23269-7422

# VIRGINIA FUELS TAX FUEL ALCOHOL PROVIDER'S REPORT

Read the filing information and instructions on the back.

FT441 (Rev. 07/03)

☐ Amended Report  
(Check this box if this is an amended report.)

**IMPORTANT** Enclose a \$50 penalty if your report is not filed on time. (See *Information on back.*)

## PROVIDER INFORMATION

## PLEASE PRINT OR TYPE

Name		FEIN/SSN		Report Month/Year	
Mailing Address		City		State	Zip Code
Telephone Number ( )	Fax Number ( )		e-mail Address		

INVENTORY, RECEIPTS, AND DISBURSEMENTS SUMMARY	Alcohol	Ethanol	Methanol	Other Products
1. Enter Beginning Inventory in gallons by product type. (Note: This must agree with prior month's ending inventory.)				
2. Add each reported receipt schedule to calculate the Total Receipts.				
3. Add Line 1 to Line 2 and enter the Total Gallons Available.				
4. Add each reported disbursement schedule to calculate the Total Disbursements.				
5. Subtract Line 4 from Line 3 and enter the Gallons Available.				
6. Enter Gains (+) or Losses (-).				
7. Add gains or subtract losses on Line 6 to/from Line 5 and enter the Ending Inventory in gallons by product type.				

## SECTION 2 – PENALTY AND INTEREST CALCULATION

8. <b>LATE REPORTS ONLY:</b> Record the Penalty for late reports. (\$50)	\$
9. <b>LATE REPORTS ONLY:</b> Calculate the interest for late reports at \$.01 times Line 8 compounded monthly.	\$
10. Add together Lines 8 and 9 to calculate the <b>TOTAL AMOUNT DUE.</b>	\$

## CERTIFICATION

I certify that I have read this report and all supporting documents; and know and understand their contents and that all information on both the report and supporting documents is true and accurate, and complete.		
Authorized Representative's Name (please print)		Title
Authorized Representative's Signature		Date
Telephone Number ( )	Fax Number ( )	e-mail Address

# VIRGINIA FUELS TAX FUEL ALCOHOL PROVIDER'S REPORT

FT441 (Rev. 07/03)

## **FILING INFORMATION**

---

Provide all information requested on this report **and** attach all required schedules.

Your report must be postmarked by the 15<sup>th</sup> day of the 2<sup>nd</sup> month after the report month **or** received at DMV by the 20<sup>th</sup> of the 2<sup>nd</sup> month after the report month.

**Enclose a \$50 penalty if you are late filing your report.**

## **INSTRUCTIONS**

---

### **PROVIDER INFORMATION**

**Name.** Enter the name of your company.

**FEIN/SSN.** Enter your company's Federal Employment Identification Number or social security number.

**Report Month and Year.** Enter the month and year for which you are reporting.

**Mailing Address, City, State, Zip Code.** Enter your company's mailing address.

**Telephone Number, Fax Number, e-mail Address.** Enter your company's telephone number, fax number, and, if applicable, e-mail address.

### **INVENTORY, RECEIPTS, AND DISBURSEMENTS SUMMARY**

Follow the instructions provided on each line.

### **PENALTY AND INTEREST CALCULATION**

Follow the instructions provided on each line.

### **CERTIFICATION**

**Authorized Representative's Name, Title.** Print or type the name and the title of the representative who is authorized to sign the report.

**Authorized Representative's Signature, Date.** Authorized Representative - Sign your name and write the date in the space provided.

**Telephone Number, Fax Number, e-mail Address.** Enter the authorized representative's telephone number, fax number, and, if applicable, e-mail address.